

# **KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE**

## **ADMINISTRATIVE BOARD**

### **BOARD PLANNING RETREAT**

**WEDNESDAY, DECEMBER 3, 2003**

**KCASAAB Members Present:** Linda Brown, Joan Clement, Nancy Code, Pam Detrick, Roger Goodman, Gwen Greiner (awaiting Executive appointment), Jim Harbaugh, Larry Hill, Bob Seidensticker, Yasmin Smith

**KCASAAB Members Absent (Excused):** Kim Murillo, Scott Strawn

**Guests Present:** Steve Freng, HIDTA; Harvey Funai, Corki Hirsch and Rose Mary Micheli, DASA

**Staff Attending:** Rhoda Naguit, Patrick Vanzo, Jim Vollendroff

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The board planning retreat of the King County Alcoholism and Substance Abuse Administrative Board (KCASAAB) was held at the Dutch Shisler Sobering Service Center, 1930 Boren Avenue in Seattle. Chair Linda Brown convened the meeting at 4:35 p.m.

I. **PRESENTATION AND DISCUSSION OF 25 CITIES INITIATIVE** –Patrick Vanzo, Steve Freng, and Jim Vollendroff

Patrick gave an in depth overview of the 25 Cities Initiative, sponsored by the National Drug Control Policy (ONDCP). The Initiative which began in June 2003 seeks to coordinate and focus local efforts addressing the drug problem to achieve shared goals. The President's goal is a 10% reduction in drug use within two years and 25% reduction in five years. The Initiative has three objectives: 1) stopping drug use before it starts (Drug Prevention), 2) healing those who are using drugs (Drug Treatment), and 3) disrupting the market for drugs (Public Safety). In order to meet these goals, participating cities are encouraged to use proven techniques in expanding their efforts to reduce drug use, promote coordination among all segments of the community, and develop citizens and local government commitment to supporting effective anti-drug campaigns, and assist in the gathering and maintaining accurate data reflecting the current state of drug use in their city. Fact sheets on 25 Cities Initiatives were distributed at the retreat as reference.

There is no funding attached to this project, however the Division is looking at the long-term benefits that may come from the Initiative. Patrick said that future funding is one advantage of being involved in this initiative.

<p><b>This material is available in alternate formats. For more information, please contact Rhoda A. Naguit at 206-296-7623 Voice or 206-205-0569 TTY.</b></p>
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Patrick coordinated a meeting between ONDCP Director John Walters and local policy makers from Seattle and King County during his visit here last August. The event, which was held at the Recovery Centers of King County, was also used to anchor Recovery Month. During his visit Dr. Walters was briefed about the issue of homelessness among people with felony convictions who are not allowed to access Title 8 housing. He promised to look into this issue with HUD.

Patrick, as the contact person for this Initiative, sends ONDCP a weekly Initiative update report.

Steve Freng of Prevention/Treatment NW HIDTA discussed the drug prevention aspect of the initiative. He said that the goal of King County is to have a data driven initiative, to strengthen sustainable partnerships involving neighborhoods and schools, and build on the existing community coalitions' efforts in reducing and preventing substance abuse throughout the City of Seattle. Delridge/White Center will be the first area for this drug affected neighborhoods initiative. The City of Seattle, Seattle School District, the Public Health Department, the Department of Community and Human Services, UW and some private foundations have partnered to implement this initiative. A list of stakeholders is currently being reviewed. For detailed information about this initiative, refer to handouts.

Jim Vollendroff discussed the substance abuse treatment component of the initiative. He stated that ONDCP was impressed with King County because our community structure is already in place. The objective of this part of the initiative is to update, expand and insure implementation of the existing Needs Assessment/Biennium Plan for Seattle/King County. The Needs Assessment will be condensed to 10 pages to be more friendly user to the community. For list of initiatives included in the Needs Assessment/ Biennium Plan refer to handouts distributed at the meeting.

Jim asked that discussion of Biennial Plan become part of the KCASAAB meeting agenda. In addition, the 25-Cities Initiative will become an ongoing agenda item for monthly discussion and updates at the board meeting. This means, that the board will have a proactive role in this project. Bob Seidensticker is the board liaison for this project. Patrick will provide him a copy of his weekly update report to ONDCP and he will report back to the board at the regular meeting.

## II. TITLE XIX REIMBURSEMENT FOR CD SERVICES

Corki Hirsch of State Division of Alcohol and Substance Abuse (DASA) gave a brief overview of Medicaid. Copies of the Medicaid Overview were distributed.

A common misconception about Medicaid is that all indigents are eligible for Medicaid. This is false. To qualify for Medicaid an individual or family must meet specific eligibility standards set by each State, in addition to meeting income and resource qualifications..

And these eligibility standards change frequently. Federal rules mandate coverage for some groups such as TANF recipients. Medicaid allows states to determine other groups/individuals who will be covered. Washington State has a liberal eligibility package for children under 6 and for pregnant women. DSHS (State Division of Social and Health Services) has sole authority for determining Medicaid eligibility. The determination of eligibility cannot be delegated to another entity. Medicaid coverage for CD treatment is a state option and is not a federally mandated Medicaid service. CD treatment is considered rehabilitation by Medicaid.

What does Medicaid cover? The Federal government mandates certain eligibility groups as well as certain basic health care services. In Washington State, Medicaid is responsible for basic health needs and for some mental health and chemical dependency services. Refer to handouts entitled "Medicaid Overview" for more detailed lists of health-related coverage for Medicaid.

Corki also spoke about the exclusion of Institutions of Mental Disease (IMD) rule. Medicaid prohibits payments to resident placements that are identified as IMDs. The number of beds and the kinds of services provided are considered in the definition of an IMD. Facilities should have 16 or less beds to be a certified provider of Medicaid services. Washington State has designated some residential facilities as non-IMD facilities by breaking larger operations into distinct, separate programs, independent of each other and unique in their operation.

How does Medicaid work? Medicaid payment is on fee-for-service basis. The State cannot be paid until services have been provided. Corki also spoke about the difference between entitlement and non-entitlement. CD treatment is not an entitlement under Medicaid but is an optional service. To receive Medicaid reimbursement, the client has to be Medicaid eligible but the service must also be one that is covered by Medicaid. It is possible for Medicaid clients to receive services that Medicaid will not pay for being the service was not covered by Medicaid. The State Legislature is the entity that decides what optional services will be added to the Medicaid service package at the State level.. Detailed information about this topic is addressed on page 3 of the handout "Medicaid Overview."

How does the state match requirement work? The Federal government sets the match rate (the amount the State must pay for each Federal dollar spent) based on average state income. The lowest match is 50% and the highest is 76%.

What is a waiver? A Medicaid waiver allows a State to opt-out of a specific component of the Federal Medicaid requirements. Waivers are contracts between the Federal Government and individual states that allow states to tailor Medicaid programs to meet the unique needs/situations of the State.

How big is Medicaid in Washington State? Approximately \$15.9 billion for 2003-05 with \$6.1 billion coming as Federal Medical Assistance Percentage (FMAP) (38% of total funds). DASA receives less than .5% of the State's FMP at \$21 million. This amount is about 10% of the overall DASA budget in the 2003-05 biennium. This means that about 20% of DASA's services are paid by Medicaid. Approximately 30% of DASA clients are reported to be Medicaid-eligible.

King County had the biggest Medicaid allocation for direct treatment services in the State at 34.2%. About 34% of opiate treatment in King County is Medicaid-eligible. DASA will closely track down how much is being used for youth treatment.

Corki encouraged the board to ask questions to assist DASA staff in making changes in policy and procedures. She expressed appreciation to the counties for bringing to DASA's attention the issue of adult case management as a Medicaid-eligible service.

### III. METHADONE SERVICES IN KING COUNTY

Copies of the rough draft of Opiate Substitution Treatment were distributed for reference. Jim Vollendroff walked the board through the document. He gave some data on number of clients served, Medicaid clients, ethnicity of clients, and treatment funding. Jim said that the figures in this document are still being reviewed.

The Division is coordinating the development of a plan to address OST waiting list management with all of the agencies that provide opiate substitution treatment.

Retention rates for OST vary from 58% among the 3 public-funded agencies to 77% among private pay clients. The Board discussed the length of time clients remain on OST and issues related to potential time limits on publicly funded OST. This is a complicated issue that should be considered carefully from a number of perspectives. The Board would like to look at the group of clients who have been on opiate substitution treatment for an indefinite time who are non-Medicaid eligible to help them understand the characteristics of these individuals and the treatment they receive. .

Jim said that there is a \$270,132 dedicated funding from criminal justice continuum of services initiatives to implement an opiate substitution voucher program for incarcerated individuals in King County. The Needle Exchange program is currently managing the voucher program. The planning group Jim is coordinating will be examining alternative approaches to the management of this program.

How can the board participate in this process? Jim said that the board could share their ideas on how to improve the coordination of the process. Improved management of the OST waiting list is needed. The Board supports the need to look at the waiting list as a system issue, not a jail issue. Jim will report back to the board on the progress of his

meeting with Public Health Department with regards to the use of the \$270,132 dedicated fund.

#### IV. AGENCY PRESENTATIONS 2004

There will only be one agency presentation per board meeting in 2004. Prevention programs will be included in the presentations and will be scheduled to coincide with the quarterly report from AOD Prevention Division. Roger commented that the agency presentations have given him a better understanding of how services are provided. And suggested having some Board meetings in an agency facility to have a first hand experience of being in a treatment facility. Jim said he would be willing to take any Board member for a site visit.

The issue of agency attendance of board meetings was discussed.. Jim has considered making it a contractual requirement that an agency attend the board meeting at least twice a year. There was a discussion on how to make Board meetings more interesting for the agency representatives. The current meeting venue has some setbacks – parking and size of the room. Harvey offered the conference room in their Mercer Street office for board meetings. He said free parking is more available and the conference room is much bigger than the Sobering Center conference room. These ideas will be considered.

Linda asked if Board members would be willing to meet on another day from January through March 2004 to provide some flexibility for Jim's schedule. After some discussion the Board voted to change the meeting from the 3<sup>rd</sup> Tuesday to the 3<sup>rd</sup> Thursday. The meeting will be at the same time and same place.

There being no further business, the meeting was adjourned at 8:10 p.m.

Prepared by:

Attested by:

Rhoda A. Naguit  
Recording Secretary

Linda Brown  
Board Chair